

## 2009 NATIONAL MIG SOLICITATION CONFERENCE CALL QUESTIONS AND ANSWERS

Date/Time: June 4, 2008, 1:00 - 2:00PM EST

Attendees:

CMS	Ascellon Corporation
<ul style="list-style-type: none"> <li>Joe Razes, Director, Division of Advocacy &amp; Special Initiatives</li> <li>Effie Shockley Health Policy Analyst</li> </ul>	<ul style="list-style-type: none"> <li>Christine Chalkley, Grant Specialist</li> <li>Adrienne NeSmith, Administrative Assistant</li> </ul>
MPR	MIG - RATS
<ul style="list-style-type: none"> <li>Cindy Gruman Senior Researcher</li> </ul>	<ul style="list-style-type: none"> <li>Anne Reither Co-Director</li> </ul>

Grantees					
Alabama	Florida	Maine	Nebraska	North Carolina	South Dakota
Alaska	Illinois	Maryland	Nevada	North Dakota	Utah
Arkansas	Indiana	Massachusetts	New Jersey	Oregon	Vermont
California	Iowa	Michigan	New Mexico	Pennsylvania	Washington
Connecticut	Kansas	Minnesota	New York	Rhode Island	West Virginia
					Wisconsin

**1. Will a MIG be permitted to carryover more than \$250,000 from a previous grant?**

ANSWER: No, future awards will be reduced by the excess carryover. Also, a state is not permitted to have a no-cost extension and be granted a new award.

**2. Page 11 references development of a five-year strategic plan. Is a five-year plan required given there are only two, twelve month funding cycles?**

ANSWER: Yes, a five-year plan is required even though the project period is two years. The intent being the MIGs create sustainable infrastructure changes which continue beyond the life of the grant funding.

**3. The RFA requires the development of a high level state advisory group and inclusion of letters of support and accompanying biographical sketches. Sometimes with state level advisory groups members are assigned by high ranking officials and over time these players may change. If the group is already in existence and letters of support from key agencies and organizations are provided, are biographical**

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**sketches necessary/required, given there is a likelihood that these specific people may change?**

ANSWER: Yes, biographical sketches are required for a state level advisory group.

**4. What are the minimum requirements for the PAS attestation letter required from the Medicaid Agency?**

ANSWER: As described on page 20, All States must submit a letter signed by the State's Medicaid Director attesting that the State's PAS system can do the following:

- (1) A State must have criteria for reviewing and responding to requests from qualified employed individuals with disabilities who believe they require more services than determined at their individual assessment, or a different type of physical or cognitive assistance than that which has been made available. Such criteria should be developed in consultation with individuals with disabilities who use PAS and are competitively employed; and
- (2) Workers receiving PAS must be able to receive these services at times during both the day and night seven days a week, subject to a finding of individual need; and
- (3) Unless an individual needs only assistance with activities of daily living, medical necessity definitions used by a State must not preclude the availability of PAS for instrumental activities of daily living such as cooking, cleaning or shopping if such assistance is required for an individual to remain competitively employed.

**5. The 40-page double-spaced limit to the proposal seems limiting given the comprehensive statewide scope required. The RFA states that no information essential to the specific scope and purpose of the grant should be included in the appendices but rather included in the narrative. Does CMS have suggestions for how best to include this type of information?**

ANSWER: Applicants should follow the narrative instructions on pages 24 through 29. Applications will be reviewed accordingly.

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6. **Do the PAS attestation letter and letter of commitment from the Medicaid Agency need to be two distinct communications within the proposal or can they be combined into one letter?**

ANSWER: Yes, the PAS attestation letter and letter of commitment from the Medicaid Agency should be two distinct communications within the proposal.

7. **It appears the application must be submitted electronically. Does the proposal also need to be submitted in print and if so, by when?**

ANSWER: Please see the instructions on page 17 of the 2009 MIG Solicitation. As described on page 17, all grant applications must be submitted electronically and are due by June 30, 2008. Applications received through <http://www.grants.gov> until 11:59 p.m. Eastern Standard time on June 30, 2008 will be considered "on time." All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application's receipt.

Please note when submitting your application electronically, you are required, to mail a signed SF 424 to Nicole Nicholson, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, Acquisition and Grants Group, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850. The mailed SF 424 form may be received at the Centers for Medicare & Medicaid Services within two (2) days of the application closing date.

In the event that the electronic submission of the application has failed through [www.grants.gov](http://www.grants.gov), please mail the application to Nicole Nicholson. Please include a copy of the failed submission notice from [www.grants.gov](http://www.grants.gov) with the paper application as evidence of attempted submission.

Any paper-copy applications sent by U.S. Postal Service first class mail will be considered "on time" if postmarked by June 30, 2008 and received within five (5) business days. If express, certified, or registered mail is used, proof of timely mailing is a legible, dated mailing receipt from the U.S. Postal Service. *Private metered postmarks are not acceptable as proof of timely mailings.* Applicants who submit applications through the U.S. Postal Service or a commercial delivery service will receive official email notification from CMS that their application has been received on time. Applications that do not meet the above criteria will be considered late. **Late applications will not be reviewed. All paper-copy applications must include a disk or CD with an electronic version of the application."**

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- 8. If the CES MIG is administered by an entity other than the state Medicaid agency, is it permitted to use some grant dollars to cover costs associated within the Medicaid agency for personnel needed to do data reporting as well as website management?**

ANSWER: An example of a permitted use of MIG funding (as shown on page 34) is: *Tracking, Reporting and Learning Systems*: Costs to build and maintain capacity to:

- ❖ Meet the reporting requirements of this grant solicitation.
- ❖ Track key enrollee data (e.g. enrollee characteristics, prior Medicaid and Medicare status, employment, etc.).
- ❖ Conduct basic research on costs of services used by enrollees, utilization, or trends over time.
- ❖ Design and conduct effective methods to obtain enrollee feedback or input on the operation of the Buy-In, the effectiveness of the coverage being provided, and methods to improve the manner in which the Buy-In facilitates employment.

*Coordination of benefits*: Expenses involved in designing and implementing methods to coordinate the Buy-In programs effectively with Medicare and with other public or private insurance coverage.

However, the On-going Administration of Medicaid services or funding activities which are the responsibilities of other parties are prohibited uses of grant funds (See page 36 and 37).

- 9. If the application is submitted by an entity other than the state Medicaid agency, does the Project Director position need to be housed in the state Medicaid agency, the prime agency submitting, or can the position be housed within a major subcontractor?**

ANSWER: It is not mandatory that the Project Director be housed in the state Medicaid agency. However, it is highly recommended the Project Director is housed within the prime agency submitting. There must be a representative within the prime which is held accountable for the approved project.

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- 10. Does the state Medicaid agency's letter of commitment need to also detail their ability to comply with data reporting requirements (e.g. Finders file)?**

ANSWER: If the application is being submitted from a State entity other than the Medicaid Agency, a letter of agreement from the State Medicaid Director must be included in the application.

If granted approval for MIG funding, acceptance of the award constitutes acceptance of terms and conditions including adherence to data reporting requirements.

- 11. Can you please provide context for Appendix Three of the application?**

ANSWER: **Mission, Goals and Objectives (40 points)** Please see pages 27 and 28. Include the goals and the measurable objectives that support these goals. Goals should be outcome - or results-oriented and should support the stated purpose. The measurable objectives should include a time frame for their accomplishment. Describe the activities and resources, including personnel and contracts that will be used to achieve the objectives and, consequently, the goals. Additionally, all States must provide measurable outcomes on the following common programmatic elements: Medicaid Buy-In, employment supports including personal assistance services and supported employment, coordination with other work incentive programs, employment education and outreach, and research and evaluation (see Appendix 3).

- 12. Will a Medicaid expenditure spreadsheet suffice as proof of Medicaid buy-in expenditures?**

ANSWER: States are required to document their Medicaid Buy-In expenditures either in the form of expenditure reports for the previous fiscal year or actual budgeted expenditure levels approved by the legislature and Governor for the previous year, the current year or as projected for the budget year. All documentation regarding the Buy-In expenditures must be included with the application. Award amounts will be adjusted yearly according to State requests and Medicaid Buy-In expenditures. (See page 8)

- 13. Are applicants required to exclusively use the two CMS-approved TA providers or can other providers with more state-specific expertise be used?**

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ANSWER: As described on page 13 of the solicitation, States must present a technical assistance plan as part of their applications. The plan must provide a reader with clear information regarding the technical assistance expectations that a State plans to make of any TA provider. The TA plan must be accompanied by a budget that corresponds to the planned activities, strategic plan goals, and includes deliverables and a timeline. States may choose to contract with established State-to-State technical assistance networks or with any other TA provider that can meet the needs of the State.

**14. It is my understanding that states can request up to \$750,000 without it being tied to actual buy-in expenditures; that is, based on estimated budget/project needs alone.**

ANSWER: As described on page 8 of the 2009 Solicitation, there are two activities for which grant funds are available and a State may apply for grant funding to carry-out objectives under both of the grant activities.

(1) Basic Medicaid Infrastructure Development:

- The grant award will be from a minimum of \$500,000 per year up to a maximum of \$750,000 per year.

(2) Comprehensive Employment Systems Infrastructure Development:

- The grant award will be from a minimum of \$500,000 to \$750,000 per year up to a maximum of ten percent of the Medicaid Buy-In service expenditures for people with disabilities, per year. States should base this calculation on service costs only and include State and Federal dollars.

Funding above \$500,000 per budget year is at the discretion of CMS. Funding in excess of the minimum grant award of \$500,000 will be subject to a higher evaluative standard than States applying for the minimum grant award.

**15. If a state has already been deemed PAS eligible do they need to resubmit an attestation letter?**

ANSWER: States applying for Competitive (New) MIG funding must submit a PAS attestation letter.

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- 16. What is the reasoning for the CES new grant cycle applicants to submit the following (page 27/Environmental Analysis) "Describe the current system for providing employment services and supports to the public, in general, and people with disabilities, in particular. Include state and federal funding sources and amounts appropriated to each component."**

**Does CMS want to know the total budget amount for each of the components the State's lists as being in our current system *or* do they want the amount broken out by how much is dedicated to people with disabilities in each component? Also, do they want the amounts broken out into how much state versus how much federal or ffp *or* will it suffice to say the component receives state and federal funding?**

ANSWER: MIGs should coordinate rather than supplant other federal and state efforts. Therefore, to further the understanding of these coordination efforts, the information above is requested.

- 17. And what criteria should we use to justify our budget request?**

ANSWER: Please utilize the criteria beginning on page 23 of the solicitation.

In addition to future funding availability being contingent on satisfactory performance, CMS retains the right to deny subsequent competitive awards to States with existing awards if those States have not expended or obligated most of the funds awarded to them under the previous award by the time we review new grant applications.

- 18. Page 10 of the solicitation mentions a July 15, 2005, memorandum to State Medicaid Directors, which explains "how elements of supported employment can be covered by Medicaid funding authorities." I haven't been able to find it online; could you please provide a copy of the memo?**

ANSWER: This info will be posted in the responses.



EBP\_Basics.pdf



medicaid\_letter.doc

<http://www.cms.hhs.gov/SMDL/SMD/list.asp?listpage=1>  
(State Medicaid Directors' letters)

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- 20. Is there anything you can share that addresses opportunities to cover people with mental health disabilities through waivers, given the institutional level of care criteria required for waiver eligibility?**

- 20. ANSWER: Is there anything you can share that addresses opportunities to cover people with mental health disabilities through waivers, given the institutional level of care criteria required for waiver eligibility?**

This question refers to the requirement that all §1915(c) home and community-based services (HCBS) waivers must be alternatives to a specific level of institutional care. Participants must meet the State's institutional level of care criteria, and the State must show that on average the cost of HCBS is lower than the cost of the institutional care. The challenge for providing mental health HCBS is that the institution for which the services substitute is likely to be an institution for mental disease (IMD), for which CMS does not provide federal matching funds for individuals between 22 and 64, and for which the State can therefore not show cost savings.

States may offer a mental health HCBS waiver for persons at the nursing facility (NF) level of care, who are determined by Preadmission Screening and Resident Review (PASRR) level II evaluation to be appropriate for admission to a NF. This demonstrates that the individual, but for the waiver, could be admitted to a NF that is not an IMD, and therefore the State may use NF expenditures to demonstrate cost savings. Every State has a PASRR program that screens NF applicants. For more information about PASRR contact your CMS Regional Office, or Dan Timmel in the CMS Central Office at 410-786-8518.

- 21. Regarding a Continuation application for a grantee whose Strategic Plan has been approved and is applying for a third year grant:**

- a. For a Comprehensive MIG, is the length of the narrative the same as for the Basic MIG as per page four, i.e., "limited to 15 pages or less"?**

ANSWER: Yes, additionally the MIG strategic Plan is required to be a Living Document, please update/amend accordingly. (*See page 4*)

- b. Regarding Application Review Information Criteria - Compliance with Special Terms and Conditions as outlined in 45 CFR Part 92. I am assuming**

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**that this is not contained in the continuation application; but that the review committee will look at the state's quarterly and financial reports, quality, timeliness, etc. Is this correct?**

ANSWER: Term and Conditions apply to all awardees.

**22. What are the due dates for both grants?**

ANSWER: The Competitive MIG application due date is 6/30/08, 11:59 pm. The Continuation MIG application due date is 8/25/08.

**23. On pages 24 & 25, where do you want timeline, deliverables, and partners listed?**

ANSWER: Section A.

**24. Do states have to include a revised strategic plan in their 40pg application narrative? OR, do states just need to update the plan at the start of the new grant period, January 1, 2009?**

ANSWER: States who have completed a CMS approved Strategic Plan should reference the corresponding Strategic Plan objectives or goals in their 2009 MIG Application and update accordingly pending approval of MIG application.